Michigan AuthentiCare

Private Duty Nursing

Provider Manual

**Michigan Department
of Community Health**

Version Date: October 2004

MICHIGAN AUTHENTICARE PDN PROVIDER MANUAL

TABLE OF CONTENTS

SECTION 1 – OVERVIEW

MI AuthentiCare is a toll free telephone check-in and check-out system for Medicaid enrolled private duty nursing (PDN) providers. The system provides weekly automatic electronic billing when services are provided as authorized. Providers do not have to file a paper or electronic claim to MDCH, except as outlined in the Billing and Remittance Advices Section of this manual. Claims are generated automatically by phone calls to the MI AuthentiCare phone number (1-877-342-5660) from the beneficiary's home. MI AuthentiCare verifies that the worker is present in the beneficiary's home, records services performed, and compares them to services authorized. A PDN claim is not submitted to MDCH unless there is a check in and a check out.

The MI AuthentiCare system is not used for services (e.g. respite) provided as Provider Type 77 or for beneficiaries age 21 and older provided as a waiver service under the MI Choice or Habilitation Support Waiver. MI AuthentiCare only applies to Provider Type 10 and 15.

The MI AuthentiCare in-home tracking, reporting and billing system is an Interactive Voice Response (IVR) time reporting system that requires a PDN provider to call in (check-in) upon arrival to a beneficiary's home. Once the worker has completed the services another call is made to log out (check-out). The system stores all appropriate information (i.e. date, time, activity, worker ID) for billing and reporting purposes.

MI AuthentiCare provides reporting and analysis of services rendered, including provider activity, beneficiary activity, and meaningful exception reporting statistics. Exception reports include things such as missed visits, unauthorized visits, or incorrect services. Providers can easily access information and use the analysis tools that are included in MI AuthentiCare to help manage staff, schedules, claims, and export data for use in their own systems.

1.1 PROVIDER BENEFITS

The MI AuthentiCare system will:

- Capture specific information from worker visits.

- Automatically generate claims and send them to the MDCH claims processing system, thus expediting payment.

- Track worker activity to help ensure that beneficiaries receive the appropriate care from the appropriate person.

- Improve accuracy of claims as only clean claims are submitted to MDCH for processing.

- Provide cost and time savings to providers and MDCH.

- Maintain data security and HIPAA compliance.

1.2 HOW DOES MI AUTHENTICARE WORK?

MI AuthentiCare is based on simple principles.

1. The worker goes to the beneficiary's to provide a service that has been prior authorized by MDCH or its representative.

2. The worker uses the beneficiary's touch-tone phone to call the toll-free MI AuthentiCare number (1-877-342-5660).

3. Using caller ID technology, MI AuthentiCare identifies the beneficiary and the services authorized for that beneficiary. The Interactive Voice Response (IVR) system prompts the worker to enter his Worker ID number.

4. The system verifies that the worker is appropriate to provide the authorized services for the beneficiary and advises the worker that he is "checked in".

5. When the worker completes the service, he calls the same toll-free number and "checks out".

6. From that telephone interaction, MI AuthentiCare generates a claim for electronic submission to MDCH for payment. MI AuthentiCare claims are sent to MDCH for processing once a week, usually between midnight and 2 AM on Friday morning.

7. Providers can access the MI AuthentiCare reports on the web at any time. Accessing these on-line, real time reports enables providers to monitor worker activities, determine if claims have been submitted to MDCH for payment and review other useful information.

An IVR system is simply a means of collecting data over the telephone, typically by the caller entering data on the telephone keypad. Most people have used an IVR system in their daily lives and are familiar with using this technology. The IVR reads information back to the caller based on the entries on the keypad. Callers only hear recorded messages, not an actual live voice. The voice will prompt the caller for the next activity, i.e. select a number on the keypad. The system is always available (24/7) with sufficient back up to assure that a worker can check-in and check-out. Appendix A of this manual includes information for training in-home workers to use the MI AuthentiCare system.

MI AuthentiCare cannot be used if:

- The beneficiary does not have a touch-tone phone,

- The phone is out of order, or

- There is not a phone in the beneficiary's home.

In such situations, workers must notify their supervisor, or designee, who must complete a Record Completion/Correction form (see Appendix B of this manual) and email or fax it to MDCH Provider Inquiry. Only MDCH has the ability to create and make a correction to a service record so a claim can be generated. Providers cannot make corrections to the claims using the on-line system, even though they can access reports.

1.3 WHAT BENEFICIARIES ARE TOLD

Written communication is sent to beneficiaries before MI AuthentiCare is initiated to explain what they can expect when the worker is at their home. Four basic things are stressed to beneficiaries:

- MI AuthentiCare is used to assure that they receive services from the authorized provider.

- Workers will use the beneficiary's phone to make a toll-free call when arriving at the home and again after providing care. Each call takes less than a minute to complete.

- Workers must make the call. The beneficiary is **not** to make the call for the worker.

- If there is a problem, contact their case manager.

1.4 PROVIDER RESPONSIBILITIES

Providers are key to the success of MI AuthentiCare. Their responsibilities are to:

- Maintain current, accurate worker information on the MI AuthentiCare web page
- Assure that their workers use MI AuthentiCare properly
- Assure that Prior Authorization (PA) requirements are met
- File claims directly to other insurers if a beneficiary has other insurance.
- Report third party liability (TPL) to MDCH
- Provide MDCH with information needed to process incomplete/incorrect/missing claims
- Manage Remittance Advices
- Monitor MI AuthentiCare reports

Each of these areas of responsibility is discussed in detail in this manual.

SECTION 2 – WORKER INFORMATION AND TRAINING

Each worker must have a valid 7-digit Worker ID number for use with MI AuthentiCare. PDN agencies must provide current, accurate worker information for the worker ID number to be assigned. (Independent PDN nurses use the last 7-digits of their Medicaid Provider ID number as their worker ID number.)

It is imperative that worker information be kept current at all times. If the worker information is not updated in MI AuthentiCare, the system will not recognize the worker calling in and will delay claim submission.

2.1 INITIAL ASSIGNMENT OF ID NUMBERS - AGENCY WORKERS

During the implementation phase of MI AuthentiCare, providers submitted the following information for each worker who provided PDN services for their organization:

- Worker First Name
- Worker Middle Initial
- Worker Last Name
- Agency's Provider ID
- Worker's Social Security Number (SSN)
- Specified if the worker is an RN or LPN
- Specified the charge for an hour of service for the RN or LPN
- Specified the charge for an hour of service on a holiday

MDCH completed the remaining fields:

- Begin Date which was the date the provider began using MI AuthentiCare
- End Date which is 100 years after the Begin Date

Sample Excel Spreadsheet:

First Name	MI	Last Name	Begin Date	End Date	Provider ID	SSN	RN or LPN	Hourly Charge	Hourly Charge for a Holiday	Worker ID

MI AuthentiCare assigned a Worker ID number for each worker listed by the provider. The provider received written verification of this number. The Worker ID number does not change as long as the worker remains employed with the agency.

> **If a worker works for more than one agency, he has a worker ID number for each agency. Workers are cautioned to use the correct number when providing care for different agencies.**

2.2 Initial Assignment of ID Numbers – Independent Practitioners (RN or LPN) for Private Duty Nursing

An RN or LPN who is an independent practitioner uses the last 7-digits of his Medicaid Provider ID number as his worker ID. Information outlined in the table above was collected for each independent practitioner.

> **If a worker is an independent practitioner (nurse)and also works for an agency, he was assigned a worker ID to use when providing services in behalf of the agency, but must use his Medicaid Provider ID when providing services as an independent practitioner (nurse). It is imperative that workers use the correct ID number.**

2.3 Maintaining Worker Information

Providers must maintain worker information on-line through the MI AuthentiCare website. Each provider is issued a PIN that allows access to the MI AuthentiCare website. Providers must register the first time the website is used. Once registered, worker additions, deletions and maintenance can be performed on-line via the Maintain Workers screen. When a worker is added, providers receive confirmation of the addition and the worker's ID number. It is the provider's responsibility to issue the ID number to the worker. Providers must keep all worker information current in the MI AuthentiCare system. MDCH will not maintain this information for providers. Refer to the MI AuthentiCare Website Section of this manual for detailed information on maintaining worker information.

2.4 Training

Prior to the initial implementation of MI AuthentiCare, all PDN providers (agencies and independent practitioners) were provided an opportunity to receive training and written materials on the proper use of the system. PDN agencies must train their workers on the MI AuthentiCare system. It is essential that each worker understand the requirements and procedures.

As agencies employ new nurses, the agency must train them on the proper use of MI AuthentiCare. Current training materials are available on the MI AuthentiCare web site (www.miauthenticare.govconnect.com) and the MDCH web site (www.michigan.gov/mdch) under Providers, Information for Providers, MI AuthentiCare.

Failure to provide new employees with proper training will result in payment delays because MI AuthentiCare will not generate claims if the calls are not made correctly. New worker and ongoing training is essential.

Providers should be aware of ways workers can misuse MI AuthentiCare and include cautions against misuse in their routine operations. Examples of deliberate misuse include:

- Calling from a place other than the beneficiary's home (including a personal cell phone) unless it is an approved number for the beneficiary. This will be reported as an exception and will be monitored by MDCH.

- Using another Worker's ID number or allowing someone else to use his ID number. Workers are liable for all activity in MI AuthentiCare linked to their Worker ID. False service claims are considered fraudulent. Also, if there is an adverse outcome with a beneficiary during the time that MI AuthentiCare documents that the worker was in the home, the worker could be held responsible. Workers **must** protect their ID number.

- Asking the beneficiary or a family member to check-in or check-out for the worker. While beneficiaries and their family members will be cautioned against this by MDCH, many are reluctant to go against the wishes of the worker.

MDCH and its representatives will be monitoring MI AuthentiCare reports. Any suspected misuse and/or abuse of MI AuthentiCare will be sent for further investigation and possible prosecution.

SECTION 3 – PRIOR AUTHORIZATION AND THIRD PARTY LIABILITY

3.1 PRIOR AUTHORIZATION (PA)

As specified in MDCH policy, prior authorization (PA) for Private Duty Nursing is required. Using MI AuthentiCare does not alter this requirement. Refer to the Medicaid Provider Manual on the MDCH website (www.michigan.gov/mdch) for additional information.

MI AuthentiCare uses the MDCH PA file to verify if a service is prior authorized for a specific beneficiary. The following situations may occur:

Situation	Action
No current PA on File	- The record that the service was provided is stored in MI AuthentiCare and no claim is generated. - MI AuthentiCare receives an updated MDCH PA file daily. When a PA matching this record is received, a claim is automatically generated and sent to MDCH for processing.
Service Provided Exceeds PA	- If a worker provides services that exceed the number of prior authorized hours on the PA file, MI AuthentiCare submits a claim only for the hours specified on the PA. - Excess hours are deleted from MI AuthentiCare.

3.2 REPORT THIRD PARTY LIABILITY (TPL)

The PDN agency, RN or LPN must inform MDCH if a beneficiary's commercial insurance does not cover PDN by faxing a copy of the letter of explanation or explanation of benefits (EOB) to the MDCH TPL Division (Fax # 517-335-9422). That information will be incorporated into MI AuthentiCare and allow claims to be adjudicated routinely without pending for manual review.

If this above information is not sent to the MDCH TPL Division, the claim will pend for other insurance. These claims are subject to TPL editing by MDCH and will be denied if there is applicable other insurance. Providers must submit the claim to the other insurer and receive adjudication before resubmitting a claim to MDCH through their normal process.

Refer to the Medicaid Provider Manual on the MDCH website (www.michigan.gov/mdch) for additional information on Third Party Liability.

SECTION 4 – RECORD COMPLETION/CORRECTION

4.1 PROVIDING INFORMATION

Providers must complete the Record Completion/Correction Form (see Appendix B) and email or fax it to MDCH Provider Inquiry to have errors corrected in MI AuthentiCare.   Instructions, email address and fax numbers are on the form. This form is also available on the MDCH website under both MI AuthentiCare and Medicaid Provider Forms. Each form must indicate the name of the individual authorized by the agency to provide this information. **No change will be considered without full explanation of the reason for the error/incompletion.**

Examples of errors requiring completion of the form include:

Worker did not use MI AuthentiCare	▪ No record will exist in MI AuthentiCare. ▪ Specify the reason MI AuthentiCare was not used.
Worker checked in but did not check-out	▪ Specify the reason the worker did not check-out. ▪ The record will remain in a suspense file in MI AuthentiCare until MDCH Provider Inquiry takes action to complete it.
Worker checked out but did not check-in	▪ Specify the reason the worker did not check-in ▪ The record will remain in a suspense file in MI AuthentiCare until MDCH Provider Inquiry takes action to complete it.
Worker checked in late	▪ Specify the reason the worker checked in late. ▪ MI AuthentiCare considers all claims that are sent to MDCH to be completed transactions that are ready for payment. ▪ If not corrected before the claim is submitted to MDCH, the claim must be voided and a new claim generated through MDCH Provider Inquiry. Providers must send a Record Correction/Completion Form for this purpose.
Worker checked out early	▪ Specify the reason the worker checked out early. ▪ Corrections must be made as soon as possible and before the weekly export to MDCH. ▪ MI AuthentiCare considers all claims that are sent to MDCH to be completed transactions that are ready for payment. ▪ If the record is not corrected before the claim is submitted to MDCH, the claim must be voided and a new claim generated through MDCH Provider Inquiry. Providers must submit a Record Correction/Completion Form.
Worker provided incorrect information	▪ Specify why the incorrect information was provided. ▪ Supply the correct information to be used to correct the record.

Note that corrections must be made as soon as possible and before the weekly export to MDCH.

MDCH monitors exception reports on a routine basis, as should providers, to determine if there are an unusually high number of requests for corrections for specific workers.

4.2 AUTHORIZED PROVIDER REPRESENTATIVE

Providers must supply MDCH with the names of Authorized Provider Representatives prior to implementing MI AuthentiCare. The Authorized Provider Representatives are the only individuals who can notify MDCH of needed record changes or corrections. Each agency may designate up to three representatives for this role. (An independent practitioner will be his own authorized representative.)

If there is a change in the authorized representative, the provider must send MDCH the name, phone number, email address and effective date of persons to be added or deleted. This information may be sent via email (providersupport@michigan.gov) or fax (517-241-0570). The subject line must be MI AuthentiCare.

SECTION 5 – BILLING AND REMITTANCE ADVICES

5.1 BILLING

MI AuthentiCare automatically submits a HIPAA compliant 837 claim to MDCH for PDN services if:

- The service is provided as authorized,

- The check-in and check-out are completed, and

- The beneficiary was eligible on the date of service.

Providers should not bill MDCH (either paper or electronic) for dates of service after October 1, 2004 without using MI AuthentiCare **except** for services provided to beneficiaries with Third Party Liability where the provider must bill MDCH after the other insurer has adjudicated the claim. MDCH system edits are in place to restrict billing for PDN services to only claims involving other insurers. All other claims will be rejected.

5.2 REMITTANCE ADVICES

Providers will continue to receive Remittance Advices (RAs) reflecting claims submitted on their behalf by MI AuthentiCare.

- Paper RAs are sent to all providers.
- Electronic RAs (835s) are also sent to the Service Bureau designated by the provider.

Providers should follow their routine procedures for reconciling the RA using the additional information available in MI AuthentiCare's reports.

The Medicaid Provider Manual on the MDCH website (www.michigan.gov/mdch) contains additional information on the RAs.

SECTION 6 – THE MI AUTHENTICARE WEBSITE

Providers can log onto the MI AuthentiCare Website at any time to:

- Produce reports. Reports are available in detail and summary form and can assist providers in monitoring claim status and worker activity.

- Manage information on their workers (add new workers, delete workers no longer providing services, change a worker's information such as a name change). Addition of a worker will cause MI AuthentiCare to generate a worker ID number for that individual. The provider is responsible for notifying the worker of his worker ID number.

- Add and delete individuals (users) within the provider's agency that can access the provider's information on the website. **Note**: This function will be added in a future release.

MDCH staff will use the website to:

- Add complete and correct records as requested by providers on the Record Correction/Completion form.
- Monitor providers' use of MI AuthentiCare through available reports.

6.1 LOGGING ON TO THE MI AUTHENTICARE WEBSITE

The MI AuthentiCare website is available at www.miauthenticare.govconnect.com. To access information on the website, the providers must have:

- The 9-digit Medicaid Provider ID number (This is the ID needed to register the first time the provider signs on to the system.)

- The 5-digit PIN assigned by MDCH for MI AuthentiCare. (This is the PIN needed to register the first time the provider signs on to the system.)

- Email address.

The ID and PIN are only used to register the first time a provider accesses the website. Subsequently, providers only need their email address and password to log on. The provider creates his own password and may change it at any time. The password must be at least 6 characters in length, any alphanumeric combination.

Once logged in, the log on screen appears as follows:

There are four links at the top of this and every other MI AuthentiCare screen:

- **Information for Medicaid Providers** links to the screen of the same name on the MDCH website. It gives the provider quick access to the MDCH Provider Manual, other insurance carrier codes and other useful information.

- **Training** links to MI AuthentiCare training materials including an electronic version of this manual.

- **Contacts** links to information needed to contact individuals at MDCH about MI AuthentiCare issues.

- **FAQs** links to Frequently Asked Questions about MI AuthentiCare.

6.2 REGISTERING

Providers must register the first time they use this website. Thereafter, users need only enter their email address and password to access the web functions. Register from the Welcome screen by clicking on the link "Go to Online Registration Page".

When "Online Registration Page" is clicked, the following screen appears:
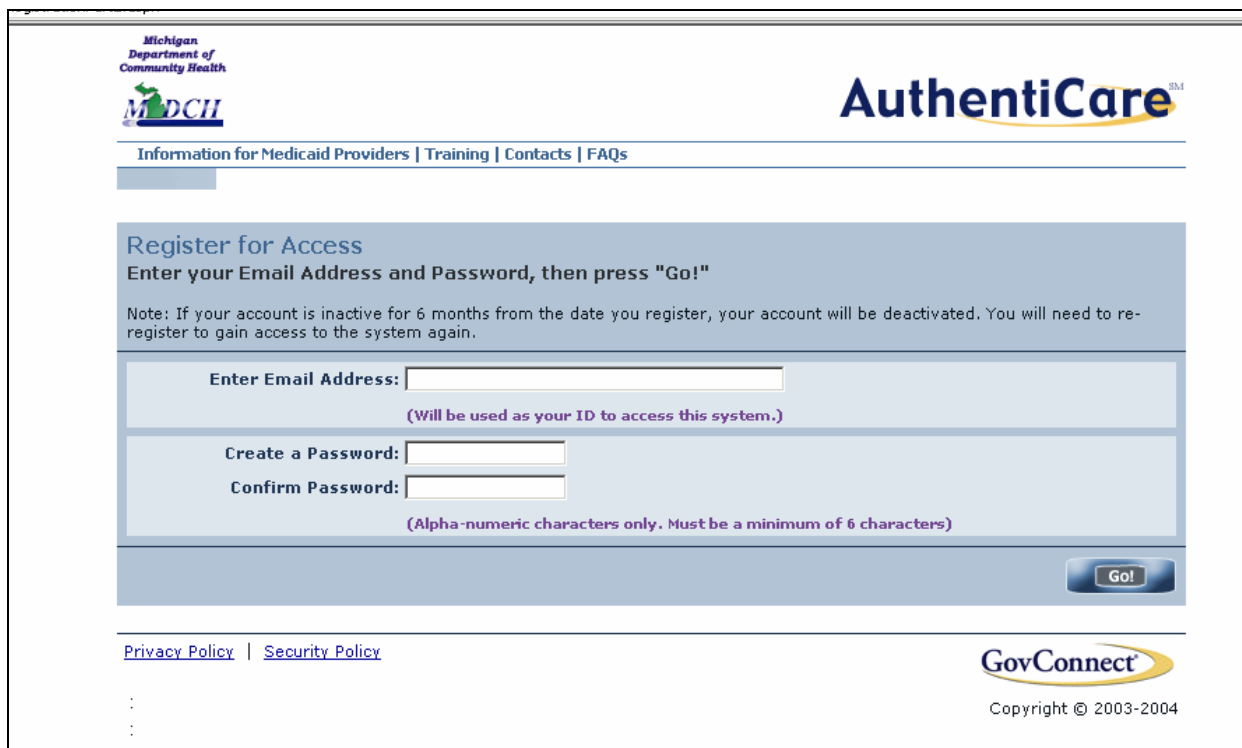
Providers **must:**

1. Check "Provider (Caregiver)"

2. Enter their ID (9-digit Medicaid Provider ID)

3. Enter their PIN (5-digit assigned by MDCH for MI AuthentiCare).

4. Press "Go".
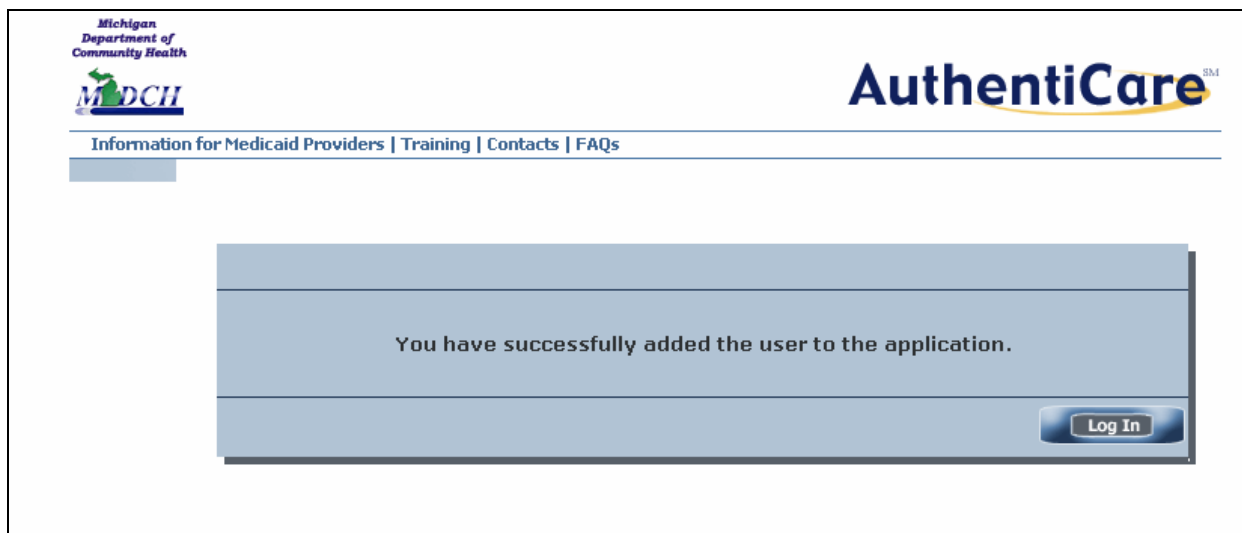
A new screen appears which requires the provider to enter their email address and establish a password.

This password will be used in the future to access the website so it is important to write it down and store it in a secure place.

If the registration was successful a confirmation message will appear.

6.3 FUNCTIONS LIST

After successfully signing on to the MI AuthentiCare website, the Main Menu screen appears. This screen lists functions within MI AuthentiCare. Providers may access only the following functions:

- Create Reports

- Manage Workers

- Manage Users (to be added in future release)

MDCH can access additional functions: Add AuthentiCare Claims and Maintain AuthentiCare Claim Information. Providers may not perform these functions and do not have access to these screens. If records need to be added or corrected, providers must follow the procedures outlined in the Record Completion/Correction Section of this manual.

The Maintain Missed Visits Report is available but not useful for PDN. A missed visit would not be recorded in MI AuthentiCare unless there was a PA for the month and no visits were made during the month.

6.4 CREATE REPORTS

Providers can create any of the reports explained in the MI AuthentiCare Reports section of this manual. The reports are real time (current) and contain only information about the beneficiaries served by the provider and the provider's workers. Providers choose the date range for the report and select how the information should be filtered.

To run a new report click on, "Create New Report".
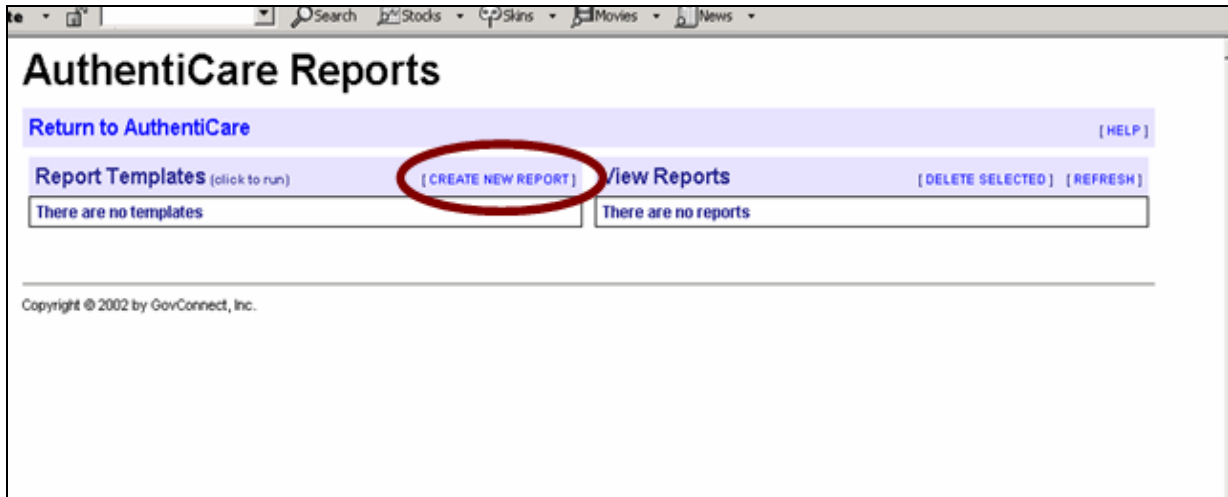
A new screen appears that lists all available reports. Select a report by clicking the name of the report.

A new screen appears which allows filtering options to be selected.

Always begin by selecting a date range in Section a. Choose a start and end date or choose a start date and a period of time from the drop-down menu. Reports should **not** be run for longer than a year.

After a date range is specified, select additional filtering options from Section b. Regions are the county codes.

Generally reports should be run to view details. However, summary reports are available if requested.

When "Run Report" is clicked the user will see the report name appear at the top of the report list, along with a status of the report.

Status includes:

- Queued - this means that the report is in line for processing

- Processing - this means that the report is processing

- Completed - this means the report is ready for viewing.

Reports can be viewed as:

- Word

- PDF (Adobe)

- Text, or

- Excel

To select a format, click on the corresponding icon. Reports can be viewed, saved to a disk or printed in the format specified.

6.5 MANAGING WORKERS

This function allows the provider to:

- View worker information

- Create new worker files

- End-date worker files

- Change worker information

Click on "Manage Workers" on the main menu. A new screen appears listing all workers currently associated with the provider.   The search feature allows the user to search by worker ID. To view information on a worker, click on the worker ID number on the left.   When the worker's file is viewed, it may be edited to reflect updated information about the worker.

To add a worker, click on "Create Worker". A "Worker Account Detail" screen will appear. Required fields are marked with an asterisk.

Worker Account Detail '*' Indicates Required Fields

PIN:	
*SSN:	
*First Name:	
Middle Initial:	
*Last Name:	
*Independent Contractor:	○ Yes ○ No
E-mail Address:	
*Begin Date:	🗓 Calendar
*EndDate:	🗓 Calendar

Address:		
	Line 1:	
	Line 2:	
	City:	
	State:	▼
	Zip:	

Phone:		
	Home:	
	Mobile:	
	Work:	
	Fax:	

Services	Edit Services * (You must select a Service)
Providers:	Edit Providers * (You must select a Provider)
Comments	

Go!

Complete the screen using the following steps as a guide.

1. Leave the PIN field blank.

2. When creating a file for a worker at a provider agency, always check **"no"** after Independent Contractor. Independent nurse providers must always check "yes".

3. Enter the actual start date in the Begin Date field. You may click on the calendar icon to display a calendar to select a date from. The End Date field will be automatically populated with a date that is 100 years from the begin date.

Worker Account Detail '*' Indicates Required Fields

PIN:	
*SSN:	123456789
*First Name:	Polly
Middle Initial:	I
*Last Name:	Perfect
*Independent Contractor:	○ Yes ● No
E-mail Address:	
*Begin Date:	10/01/2004 Calendar
*EndDate:	10/01/2104 Calendar

Address:
Line 1:	
Line 2:	
City:	
State:	▼
Zip:	

Phone:
Home:	
Mobile:	
Work:	
Fax:	

Services
PDNH
PDNS
PDNW
RN   Edit Services * (You must select a Service)

Providers:
15443   Edit Providers * (You must select a Provider)

Comments

Go!

4. Enter address and phone information if desired.

5. To add services, click on "Edit Services". A screen will appear which allows services to be selected or deleted. **Note: this information is critical for MDCH to process claims correctly**.

6. Select LPN or RN as appropriate. Select PDNH, PDNS and PDNW for all workers as they may provide care for beneficiaries involved in any one of the programs these service codes represent (HSW, CSHCS and Children's Waiver). After making selections, click "Go". A screen will appear which reflects the selected services and blank fields for entering hourly rates. Enter the regular hourly rate in each field in the column headed, "Rate" (PDNH, PDNS and PDNW will be the same as the RN or LPN rate, whichever is applicable). Enter the holiday rate in each of the fields in the column headed, "Holiday Rate".

7. Click "Go" to accept the services and return to the Worker Account Detail screen.

8. To add providers, click "Edit Providers". A screen will appear which allows Providers to be added or deleted. **Note: this information is critical for MDCH to process claims correctly**

9. Enter the appropriate provider ID and click "Go" to return to the Worker Account Detail screen.

After the worker's information is added, click "Go". A screen will appear confirming the new worker addition and providing the Worker ID.
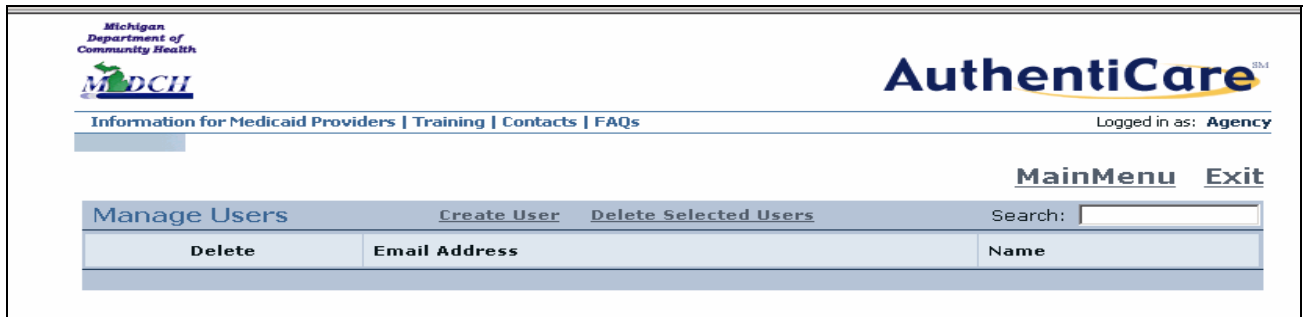
6.6 MANAGING USERS (THIS FUNCTION WILL BE AVAILABLE IN A LATER VERSION)

NOTE: This function will be added in an updated version of MI AuthentiCare. Until the new version is released, MDCH will handle adding or removing MI AuthentiCare website users. Providers must request addition or deletion of users via email (providersupport@michigan.gov) or fax (517-241-0570). The subject line must be MI AuthentiCare.

When the new version is released, providers will be able to assign MI AuthentiCare website users within their agency using each staff member's unique email address and password. The Medicaid Provider ID and MI AuthentiCare PIN are used to add additional users. The PIN number for the Agency should not be shared with users within the agency. This permits **only** the provider to maintain users that are appropriate to their business operations. Providers can add as many users within their organization as desired.

The first screen to appear will list all the provider's users.   The provider may choose, "Create User" or "Delete Selected Users."

MI AuthentiCare

When creating a user, the provider must indicate the user's role and the user type. The User Role for providers is "Provider Manager" and user type is "Provider":

After completing this screen, click "Go" and the following additional information will be required:

- Provider ID
- Provider PIN

6.7 LOGGING OFF

At any time, the provider may log off the system by clicking on "Exit".

As indicated, from this screen, providers can also return to logon if so desired.

SECTION 7 – MI AUTHENTICARE REPORTS

Reports are accessed from the MI AuthentiCare website and are available at any time. Providers can only view information that is pertinent to their provider number and for beneficiaries that they serve. Reports are generated based on the access level associated with the user who is logged on to the website. Each report has a unique name and each is discussed later in this section.

Reports reflect information maintained within MI AuthentiCare, including claims submitted to the MDCH by MI AuthentiCare for the provider, the status of service activity that has not been submitted to MDCH (with exception codes to indicate why the claim has not been submitted) and other pertinent information.

All reports are run in real time (current). The provider can specify the date range of the information. While reports can be run for a period of time longer than one year, file size may cause the report to run slowly. For best results, providers should limit the report period to one year or less. Providers need to review reports routinely to identify claims that need completion and/or correction. This will ensure correct and timely payment for services provided.

Many of the reports specify exception codes that may or may not impact submission of a claim to MDCH. The exception codes are listed on the bottom of the report.   Exception codes are as follows:

Code	Not Critical	Code	Critical
01	Check-in phone number not received	**02**	**Unauthorized Claim/Record**
03	Worker is not authorized to perform service	**05**	**Check-in without a check-out**
04	Provider is not authorized to perform service	**08**	**Check-out without a check-in**
07	Check-in phone number does not match authorized number	**09**	**Units exceed authorized units**
12	Check-out phone number not received		
13	Check-out phone number does not match authorized number		

The exceptions in bold are **critical exceptions** and no claim will be submitted to MDCH until action is taken. (See discussion of Claim Exceptions Report below.)

The following discusses reports available to providers.

7.1 CLAIM DETAIL AND CLAIM DETAIL SUMMARY REPORTS

The first three sets of reports are Claim Detail reports. They provide the status of services provided for each beneficiary during the date range specified. A claim refers to each service occurrence recorded by MI AuthentiCare. This could be a check-in, a check-out, or both. A claim is synonymous with a record. It does not necessarily mean a claim has been submitted to MDCH. The detail reports present an overview of services provided. The summary reports provide totals. As the names indicate, the various Claim Detail reports present information in different arrangements – sorted either by beneficiary, case management or provider.

7.1. A. CLAIM DETAIL – BY BENEFICIARY

This report sorts by beneficiary then by date of service to reflect the status of claims.

Michigan Department of Community Health — MDCH

AuthentiCare Claim Detail - By Beneficiary

AuthentiCare

Total AuthentiCare Claims: 2

October 01, 2004 - October 31, 2004

Beneficiary: Brown, Tina (12345678)

Provider:Home Health USA (123456789)

AuthentiCare Claim #	Date Of Service	Worker	Actual Service	Check-In	Check-Out	Actual Units	Auth Units	Billable Units	Total ($)	Exception Codes	Submitted For Payment
3127000000101	10/04/2004	Forgetful, Fran (1234567)	PDN	9:00 AM		0.00	400.00	0.00	0.00	05	
3127000011102	10/04/2004	Perfect Polly (1234567)	PDN	1:00 PM	5:45 PM	19.00	400.00	4.00	35.00	09	10/08/2004
				Provider Total:		19.00	400.00	4.00	35.00	2	
					Beneficiary Total:	19.00	400.00	4.00	35.00	2	
					Report Total:	19.00	400.00	3.00	35.00	2	

7.1. B. CLAIM DETAIL AND CLAIM DETAIL SUMMARY – BY CASE MANAGEMENT

These reports sort by Case Management Entity (CSHCS, CWP or HWP) and then by beneficiary to reflect the status of claims.

Detail:

AuthentiCare Claim #	Date Of Service	Worker	Actual Service	Check-In	Check-Out	Actual Units	Auth Units	Billable Units	Total ($)	Exception Codes	Submitted For Payment

Michigan Department of Community Health — MDCH

AuthentiCare Claim Detail – By Case Management

Total AuthentiCare Claims: 4

October 01, 2004 - October 31, 2004

AuthentiCare

Case Management: CSHCS

Beneficiary: Brown, Tina (12345678)

Provider: Home Heatlh USA (123456789)

AuthentiCare Claim #	Date Of Service	Worker	Actual Service	Check-In	Check-Out	Actual Units	Auth Units	Billable Units	Total ($)	Exception Codes	Submitted For Payment
312700000101	10/04/2004	Forgetful, Fran (1234567)	PDN	9:00 AM		0.00	400.00	0.00	0.00	05	
312700001102	10/04/2004	Perfect, Polly (1234567)	PDN	1:00 PM	5:45 PM	19.00	400.00	4.00	35.00	09	10/08/2004
					Provider Total:	19.00	400.00	4.00	35.00	2	
					Beneficiary Total:	19.00	400.00	4.00	35.00	2	
					Case Management Total:	19.00	400.00	4.00	35.00	2	

Case Management: CWP

Beneficiary: Jones, Suzy (12345678)

Provider: Home Health USA (123456789)

AuthentiCare Claim #	Date Of Service	Worker	Actual Service	Check-In	Check-Out	Actual Units	Auth Units	Billable Units	Total ($)	Exception Codes	Submitted For Payment
312500162102	10/05/2004	Late, Lenny (1234567)	PDN	10:05 AM	12:00 PM	0.00	0.00	0.00	0.00	02, 07	
312500168102	10/05/2004	Perfect, Polly (1234567)	PDN	12:00 AM	3:00 AM	0.00	0.00	0.00	0.00	02	
					Provider Total:	0.00	0.00	0.00	0.00	3	
					Beneficiary Total:	0.00	0.00	0.00	0.00	3	
					Case Management Total:	0.00	0.00	0.00	0.00	3	
					Report Total:	19.00	400.00	4.00	35.00	5	

Summary:

AuthentiCare Claim Detail Summary – By Case Management

Michigan Department of Community Health

MDCH

AuthentiCare™

Total AuthentiCare Claims: 4

October 01, 2004 - October 31, 2004

Case Management: CSHCS
  Beneficiary: Brown, Tina (12345678)
    Provider: Home Heatlh USA (123456789)

	Actual Units	Auth Units	Billable Units	Total ($)	Exception Codes
Provider Total:	19.00	400.00	4.00	35.00	2
Beneficiary Total:	19.00	400.00	4.00	35.00	2
Case Management Total:	19.00	400.00	4.00	35.00	2

Case Management: CWP
  Beneficiary: Jones, Suzy (12345678)
    Provider: Home Health USA (123456789)

	Actual Units	Auth Units	Billable Units	Total ($)	Exception Codes
Provider Total:	0.00	0.00	0.00	0.00	3
Beneficiary Total:	0.00	0.00	0.00	0.00	3
Case Management Total:	0.00	0.00	0.00	0.00	3
Report Total:	19.00	400.00	4.00	35.00	5

EXCEPTION CODE DEFINITIONS:

7.1. C. CLAIM DETAIL AND CLAIM DETAIL SUMMARY – BY PROVIDER

These reports sort by provider then by beneficiary. The summary report gives totals by beneficiary.

Detail:

AuthentiCare Claim #	Date Of Service	Worker	Actual Service	Check-In	Check-Out	Actual Units	Auth Units	Billable Units	Total ($)	Exception Codes	Submitted For Payment

AuthentiCare Claim Detail – By Provider

Total AuthentiCare Claims: 4

October 01, 2004 - October 31, 2004

Provider: Home Health USA (123456789)

Beneficiary: Brown, Tina (12345678)

AuthentiCare Claim #	Date Of Service	Worker	Actual Service	Check-In	Check-Out	Actual Units	Auth Units	Billable Units	Total ($)	Exception Codes	Submitted For Payment
312700000101	10/04/2004	Forgetful, Fran (1234567)	PDN	9:00 AM		0.00	400.00	0.00	0.00	05	
312700001102	10/04/2004	Perfect, Polly (1234567)	PDN	1:00 PM	5:45 PM	19.00	400.00	4.00	35.00	09	10/08/2004
					Beneficiary Total:	19.00	400.00	4.00	35.00	2	

Beneficiary: Jones, Suzy (12345678)

AuthentiCare Claim #	Date Of Service	Worker	Actual Service	Check-In	Check-Out	Actual Units	Auth Units	Billable Units	Total ($)	Exception Codes	Submitted For Payment
312500162102	10/05/2004	Late, Lenny (1234567)	PDN	10:05 AM	12:00 PM	0.00	0.00	0.00	0.00	02, 07	
312500168102	10/05/2004	Perfect, Polly (1234567)	PDN	1:14 PM	4:14 PM	0.00	0.00	0.00	0.00	02	
					Beneficiary Total:	0.00	0.00	0.00	0.00	3	
					Provider Total:	19.00	400.00	4.00	35.00	5	

Summary:

	Michigan Department of Community Health	AuthentiCare Claim Detail Summary- By Provider							

Total AuthentiCare Claims: 4

October 01, 2004 - October 31, 2004

AuthentiCare℠

Provider: Home Health USA (123456789)

Beneficiary: Brown, Tina (12345678)

	Actual Units	Auth Units	Billable Units	Total ($)	Exception Codes
Beneficiary Total:	19.00	400.00	4.00	35.00	2

Beneficiary: Jones, Suzy (12345678)

	Actual Units	Auth Units	Billable Units	Total ($)	Exception Codes
Beneficiary Total:	0.00	0.00	0.00	0.00	3
Provider Total:	19.00	400.00	4.00	35.00	5

EXCEPTION CODE DEFINITIONS:

Code	Definition
01	Check-In Phone Number Not Received
02	Unauthorized AuthentiCare Claim/Record

7.2 CLAIM EXCEPTIONS

This report allows providers to group claims with exceptions by exception code and is helpful in organizing needed corrective action.

Most claims with critical exceptions (as noted above) remain in MI AuthentiCare until specific action is taken to complete/correct the claim. For most critical exceptions, the provider must initiate action through MDCH Provider Inquiry to correct/complete the record.

If the exception is Units Exceed Authorized Units (09), MI AuthentiCare will take one of two actions:

- If the claim represents hours in excess of authorized hours, a claim will be submitted for the hours authorized and the remaining hours will be deleted from the system.

- If all of the authorized hours were used prior to this service occurrence, the claim will be suspended in the MI AuthentiCare system until a PA for the additional hours is updated in the system.

If the exception is Unauthorized AuthentiCare Claim (02), the claim will be suspended in the MI AuthentiCare system and will be submitted when the MDCH PA file updates to indicate the service is authorized.

Claim Exceptions:

AuthentiCare Claim Exceptions

Michigan Department of Community Health — MDCH

Total AuthentiCare Claims: 5

October 1, 2004 - October 31, 2004

AuthentiCare

Provider: Home Health USA (123456789)

Description: 02: Unauthorized AuthentiCare Claim

| AuthentiCare Claim #	Date Of Service	Beneficiary	Worker	Actual Service	Check-In	Check-In Phone Number	Check-Out	Check-Out Phone Number	Auth Units	Billable Units
312500162102	10/05/2004	Jones, Suzy (12345678)	Late, Lenny (1234567)	PDN	10:05 AM	(555) 555-5432	12:00 PM	(555) 555-4210	0.00	0.00
312500168102	10/05/2004	Jones, Suzy (12345678)	Perfect, Polly (1234567)	PDN	12:00 AM	(555) 555-5433	3:00 AM	(555) 555-5433	0.00	0.00

Description: 05: Check-In Without a Check-Out

AuthentiCare Claim #	Date Of Service		Worker	Actual Service	Check-In	Check-In Phone Number	Check-Out	Check-Out Phone Number	Auth Units	Billable Units
312700000101	10/04/2004	Brown, Tina (12345678)	Forgetful, Fran (98765367)	PDN	9:00 AM	(555) 555-1235			400.00	0.00

Description   07: Check-In Phone Number Does Not Match Authorized Number

AuthentiCare Claim #	Date Of Service		Worker	Actual Service	Check-In	Check-In Phone Number	Check-Out	Check-Out Phone Number	Auth Units	Billable Units
312500162102	10/05/2004	Jones, Suzy (12345678)	Late, Lenny (1234567)	PDN	10:05 AM	(555) 555-5432	12:00 PM	(555) 555-4210	0.00	0.00

Description   09: Units Exceed Authorized Units

AuthentiCare Claim #	Date Of Service		Worker	Actual Service	Check-In	Check-In Phone Number	Check-Out	Check-Out Phone Number	Auth Units	Billable Units
312700001102	10/04/2004	Brown, Tina (12345678)	Perfect, Polly (1234567)	PDN	1:00 PM	(555) 555-1235	5:45 PM	(555) 555-1235	400.00	4..00

7.3 MISSED VISITS

A missed visit is documented in MI AuthentiCare when a beneficiary service was prior authorized but there is no record that the service occurred. In the PDN program, services are authorized for a calendar month. A Missed Visit report will not be generated until after the end of the month and will reflect only those beneficiaries with prior authorization for whom no service was provided during the month. If any service was recorded through MI AuthentiCare for the month, there will be no report of a missed visit.

7.4 PROVIDER INVOICE (DETAIL AND SUMMARY)

These reports contain information on claims that have been submitted to MDCH. The Detail Report specifies the date the claim was sent to MDCH for processing and the number of units that appears on the claim. Once the claim is submitted to MDCH, MI AuthentiCare will have no additional information regarding claim disposition. These reports allow providers real time access to information in MI AuthentiCare and are useful in researching claims that are not reflected on the MDCH Remittance Advice (RA).

Detail:

Michigan Department of Community Health			**Provider Invoice Detail**											
			Total AuthentiCare Claims: 1							**AuthentiCare**™				
			October 1, 2004 - October 31, 2004											
Provider: Home Heatlh USA (123456789)														
Service: PDN														
AuthentiCare Claim #	Date Of Service	Beneficiary	Medicaid Number	Worker	Actual Service	Check-In	Check-Out	Actual Unit	Auth Units	Billable Units	Total ($)	Exception Code (s)	Submitted For Payment
312800003501	10/04/2004	Brown, Tina (12345678)	12345678	Perfect, Polly (1234567)	PDN	1:00 PM	5:45 PM	19.00	400.00	4.00	35.00	09	10/08/2004
								19.00	400.00	4.00	35.00	1	
						Provider Total:		19.00	400.00	4.00	35.00	1	

EXCEPTION CODE DEFINITIONS:	
Code	Definition
01	Check-In Phone Number Not Received
02	Unauthorized AuthentiCare Claim/Record
03	Worker Is Not Authorized to Perform Service

Summary:

					Actual Units	Auth Units	Billable Units	Total ($)	Exception Code (s)
Michigan Department of Community Health MDCH			**Provider Invoice Summary**						
			Total AuthentiCare Claims: 1				**AuthentiCare**℠		
			October 1, 2004 - October 31, 2004						
Provider: Home Health USA (123456789)									
Service: PDN									
					Service Total: 19.00	400.00	4.00	35.00	1
					Provider Total: 19.00	400.00	4.00	35.00	1
EXCEPTION CODE DEFINITIONS:									
Code	Definition								
01	Check-In Phone Number Not Received								

7.5 OPEN AUTHORIZATIONS (DETAIL AND SUMMARY)

The detailed report specifies the number of authorized hours by beneficiary. The summary report will not be useful for PDN as it summarizes authorizations by service interval and all PDN authorizations are monthly.

Detail:

	Beneficiary	Beneficiary Address	City	State	Zip Code	Beneficiary Phone Number	Authorized Service	Service Day	Authorized Units
Michigan Department of Community Health		Open Authorizations Detail							
M·DCH		Total Authorizations: 3			AuthentiCare℠				
		October 01, 2004 - October 31, 2004							
Provider: Home Health USA (12345679)									
Monthly Services:									
	Brown, Tina (12345678)	123 Main St.	Lansing	MI	48909	(555) 555-5872	PDN		400.00
	Doe, John (12345678)	22318 Lakewood Ave.	Lansing	MI	48909	(555) 555-5873	PDN		400.00
	Harris, Debbie (12345678)	11311 Cornell Park Dr.	Lansing	MI	48909	(555) 555-1234	PDN		400.00
							Total Authorizations:		3
							Total Authorizations for Provider:		3

Summary:

|									
Michigan Department of Community Health MDCH		**Open Authorizations Summary** Total Authorizations: 3 October 01, 2004 - October 31, 2004					**AuthentiCare**℠		
Provider: Home Health USA (123456789)									
Monthly Services:									
	Beneficiary	Beneficiary Address	City	State	Zip Code	Beneficiary Phone Number	Authorized Service	Service Day	Authorized Units
							Total Authorizations:		3
							Total Authorizations for Provider:		3

7.6 CLAIM HISTORY

This report documents changes made to a record (claim) by MDCH staff. These are changes made subsequent to the provider notifying MDCH Provider Inquiry of an error that needed correction or supplying information needed for an incomplete claim. Providers should review this report to see when MDCH Provider Inquiry made the needed modifications to a record.

AuthentiCare Claim History

Michigan Department of Community Health (MDCH)

AuthentiCare Total Claims: 1

AuthentiCare

AuthentiCare Claim: 312700000101   Beneficiary: Brown, Tina (1234567)
Provider: Home Health USA (123456789)   Worker: Forgetful, Fran (98765367)

Last Update Date	Last Update Time	Updated By	Authorized Service	Actual Service	Date of Service	Check-In	Check-Out	Actual Units	Auth Units	Billable Units	Total ($)
10/04/04	9:00 AM	I	PDN	PDN	10/4/2004	9:00 AM		0.00	0.00	0.00	0.00
10/11/2004	12:00 PM	Super Worker	PDN	PDN	10/4/2004	9:00 AM	1:00 PM	19.00	400.00	4.00	35.00

7.7 ACTUAL UNITS LESS THAN AUTHORIZED UNITS

This report lists by beneficiary, situations where the actual number of units is less than the authorized number of units. This report can be used to track remaining hours during the authorization period.

Actual Units Less Than Authorized Units

AuthentiCare

Total AuthentiCare Claims: 1

October 01, 2004 - October 31, 2004

Beneficiary: JONES, MARTHA (12345678)

Authorization:

Auth Service	Service Day	Service FRQ	Begin Date	End Date	Provider ID	Worker ID	Authorized Quantity
PDNS		M	10/1/2004	10/31/2004	123456789	ANY WORKER	400.00

AuthentiCare

Claim #	Date of Service	Worker	Provider	Check - In	Check - Out	Plan Units
419500000	10/11/2004	Newjob, Anita (1234567)	HOME HEALTH USA	02:11 PM	02:19 PM	1.00
419600000	10/13/2004	Newjob, Anita (1234567)	HOME HEALTH USA	2:00 PM	10:07 PM	32.00
						Total: 33.00

SECTION 8 – NO CLAIM SUBMITTED OR CLAIM FOR LESS THAN SERVICE TIME RECORDED

Occasionally a provider may note on a report that a service was performed, the worker checked in and out, the beneficiary was eligible and there was a valid PA, but no claim was generated to MDCH.

- For service dates prior to October 1, 2004

    - If the time between when the worker checked in and checked out was less than 60 minutes, no claim was submitted. PDN was only reimbursed in one-hour (60 minute) increments with no rounding up to the nearest hour. MDCH did not cover care that was less than an hour in duration. The claim remained in the system indefinitely unless MDCH updated the information subsequent to receiving a Record Correction/Completion form. To avoid missed payment, providers cautioned workers that they must provide care for a full hour in order for the claim to be eligible for payment.

    - If the time between check-in and check-out was 118 minutes, the claim is submitted for one hour. The remaining 58 minutes were deleted from the system. This time cannot be recovered.

- For service dates on and after October 1, 2004, PDN care is paid in 15 minute increments. Upon check–in, the MI AuthentiCare system begins recording time. The last 15 minute increment of the visit is rounded. If the time providing care was 7 minutes or less, the unit is rounded down. If care was provided for 8 to 14 minutes the unit is rounded up.

At the end of the check-in call, MI AuthentiCare will tell the worker **the time he checked in**. Workers must understand the significance of that check-in time when preparing to check-out.

APPENDIX A - MICHIGAN AUTHENTICARE WORKER BROCHURE

This easy-to-use system is for Michigan Medicaid private duty nursing workers to use for recording services to beneficiaries. MI AuthentiCare is a toll-free phone number workers call when providing care to Medicaid or Children's Special Health Care Services (CSHCS) beneficiaries. The toll-free number is available anytime day or night and allows the worker to:

- Check-in and check-out when providing care at a beneficiary's home.

- Enter his Worker ID number and identify the beneficiary during check-in/out.

How to Access MI AuthentiCare   1-877-342-5660

It's Fast! - Your check-in and check-out will take less than a minute to complete.

It's Easy to Use! - You need access to the beneficiary's touch-tone phone and your Worker ID number when calling MI AuthentiCare. If you have any problems, you should call your supervisor as soon as possible.

	MI AuthentiCare Instructions – Check-in
1	Dial the MI AuthentiCare toll-free number, 1-877-342-5660, from the beneficiary's touch-tone phone.
2	Press 1 to select English. (English is the only language option.)
3	Press 1 for Check-in
4	Enter your 7-digit Worker ID number. If you make a mistake before you finish entering all of the numbers press # and you will be able to re-enter the number. You will then hear the agency name and your name.
5	If two or three beneficiaries are at the same phone number, you will hear the names of all beneficiaries for whom you are authorized to provide care. You will be asked to select which one you are there to serve.
6	If you are calling from a number that MI AuthentiCare does not recognize, you will have to enter the beneficiary's Medicaid ID number. If you make a mistake before you finish entering all of the numbers, press # and you will be able to re-enter the number.
7	You will be asked if you are there to provide private duty nursing. Press 1
8	You will then be asked if you are there to provide care to more than 1 beneficiary. Press 1 if you are there to provide care to more than one beneficiary or press 2 to continue. You will have an opportunity to return to the main menu at the end of the call to enter the check-in for the second beneficiary. At the main menu, repeat the entire check-in process for each additional beneficiary that you are providing care.
9	After the beneficiary and service are identified, you will hear the check-in summary. MI AuthentiCare will repeat back your name, your agency name, the beneficiary name and the service to be provided. If this is all correct, press 1. If the information is not correct press 2 and you will be able to correct the information before you finish the call
10	If the information is correct you will be told that the check-in was successful and you will hear the time of check in as recorded in MI AuthentiCare. At this point you will be instructed to press 1 to return to the main menu or to press 2 to end the call.

MI AuthentiCare Instructions – Check-out

1	**Dial the MI AuthentiCare toll-free number, 1-877-342-5660, from the beneficiary's touch-tone phone.**
2	**Press 1 to select English. (English is the only language option.)**
3	**Press 2 for Check-out**
4	**Enter your 7-digit Worker ID number. If you make a mistake before you finish entering all of the numbers press # and you will be able to re-enter the number. You will then hear the agency name and your name.**
5	**If two or three beneficiaries are at the same phone number, you will hear the names of all beneficiaries for whom you are authorized to provide care. You will be asked to select which one you are there to serve.**
6	**If you are calling from a number that MI AuthentiCare does not recognize, you will have to enter the beneficiary's Medicaid ID number. If you make a mistake before you finish entering all of the numbers press # and you will be able to re-enter the number.**
7	**You will be asked if you are there to provide Private duty nursing. Press 1**
8	**You will then be asked if you are there to provide care to more than 1 beneficiary. Press 1 if you are there to provide care to more than one beneficiary or press 2 to continue. You will have an opportunity to return to the main menu at the end of the call to enter the check-in for the second beneficiary. At the main menu, repeat the entire check-in process for each additional beneficiary that you are providing care.**
9	**After the beneficiary and service are identified, you will hear the check-out summary. MI AuthentiCare will repeat back your name, your agency name, the beneficiary name and the service to be provided. If this is all correct, press 1. If the information is not correct press 2 and you will be able to correct the information before you finish the call**
11	**If the information was correct you will be told that the check-out was successful and you will hear the time of check out as recorded in MI AuthentiCare. At this point you will be instructed to press 1 to return to the main menu or to press 2 to end the call.**

What do I do if . . .

. . . I check-in but forget to check-out?	**Call your supervisor and let him know what beneficiary you were serving and the time you left the beneficiary's home.**
. . . I forget to check-in?	**If you are near the beginning of your visit, go ahead and do a check-in. Then let your supervisor know the check-in was phoned in late and what time you started providing care. If you don't remember until the end of your visit, go ahead and check-out when you leave. Let your supervisor know you forgot to check-in and what time you arrived at the beneficiary's home.**
. . . I forget to check-in and check-out?	**Call your supervisor and explain what happened.**
. . . I am in the process of checking in and realize I have made a mistake?	**MI AuthentiCare will let you change the information before you complete the check-in. You can go back by pressing 2 at the confirmation at the end of the call. Re-enter the correct information when prompted.**
. . . I have already checked in and realize I made a mistake?	**Go ahead and check out but call your supervisor and explain what happened.**

. . . .I have checked in and checked out and realize I have made a mistake?	**Call your supervisor and explain what happened.**
. . . the beneficiary does not have a touch-tone phone, refuses to let me use the phone, of the phone is out of order?	**Call your supervisor and explain what happened.**

MICHIGAN DEPARTMENT OF COMMUNITY HEALTH

MI AUTHENTICARE
RECORD CORRECTION/COMPLETION FORM

INSTRUCTIONS:

- This form is designed for the provider to complete and transmit via e-mail to MDCH Provider Inquiry at providersupport@michigan.gov or fax to 517-241-0570.
- **No change will be considered without full explanation of the reason for the error/incompleteness.**

Claim # (if available):	Beneficiary's Medicaid ID #
Provider's Medicaid ID #:	Worker's ID #:
Date Serive Began:	Time Service Began:
Date Service Ended:	Time Service Ended:
Multiple Beneficiaries Served: ☐ Yes ☐ No	

ERROR TO BE CORRECTED/COMPLETED:

☐ Worker Did Not Use MI AuthentiCare	☐ Worker Checked in Late
☐ Worker Checked In But Did Not Check-out	☐ Worker Checked Out Early
☐ Worker Checked Out But Did Not Check-in	☐ Worker Checked Out Late
☐ Worker Provided Services in Excess of Authorized Units	☐ Worker Provided Incorrect Information
☐ Other – Specify:	

☐ Claim(s) already submitted for payment but rejected due to 3rd Party Insurance need to be resubmitted. A Claim Detail report must be attached listing the claims which must be resubmitted. By checking this box, you are verifying that all the claims listed were rejected by MDCH and that Third Party Liability has been provided with a letter of explanation from the insurance carrier.

☐ Claim has already been submitted for payment but now requires correction for the reason checked above.

Reason for Error/Incompletion

Additional Comments (optional):

PROVIDER INFORMATION:

Provider Name:	
Name of Authorized Provider Representative:	
Phone Number:	
Email Address:	
Date Form Completed:	

Michigan Department of Community Health is an equal opportunity employer, services and program provider.